



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 26, 1997

Willie King Copland
587 Naugatuck Avenue
Milford, CT 06460

Dear Mr. Copland:

This is in regard to the Reinstatement Consent Order dated March 5, 1997, in accordance with which your license was reinstated.

Please find enclosed a corrected first page to the above referenced Order. The only correction made on this page is the petition number located at the top of the page. The correct petition number is 97III-025-002. Please substitute the first page of the Reinstatement Consent Order previously mailed to you with the enclosed corrected page.

Thank you for your attention to this matter.

Respectfully,

A handwritten signature in cursive script that reads "Debra L. Johnson".

Debra L. Johnson
Health Program Supervisor
Applications and Examinations

A:\Copland



Phone:

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Willie King Copland

Petition No. 97III-025-002

REINSTATEMENT CONSENT ORDER

WHEREAS, Willie King Copland of Milford, Connecticut (hereinafter "respondent") has been issued license number 003672 to practice as a barber by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 386 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on December 31, 1995, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. In November of 1993, respondent was convicted of two counts of sexual assault in the 3rd degree which constitute a felony under the laws of this state.
2. Respondent answered in the negative, on his 1993 and 1994 renewal applications, when asked whether he had been convicted of a felony within the last year.
3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Willie King Copland

Petition No. 96III-025-002

REINSTATEMENT CONSENT ORDER

WHEREAS, Willie King Copland of Milford, Connecticut (hereinafter "respondent") has been issued license number 003672 to practice as a barber by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 386 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent's license expired on December 31, 1995, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. In November of 1993, respondent was convicted of two counts of sexual assault in the 3rd degree which constitute a felony under the laws of this state.
2. Respondent answered in the negative, on his 1993 and 1994 renewal applications, when asked whether he had been convicted of a felony within the last year.
3. That the conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

- 1 That his license to practice as a barber shall be reinstated when he provides proof to the satisfaction of the Department that he has completed one hundred (100) hours of classroom courses in barbering services pre-approved by the Department.
- 2 Respondent shall pay a civil penalty of two hundred dollars (\$200.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check. Said civil penalty shall be payable at the time respondent submits this executed Reinstatement Consent Order to the Department.
- 3 His license shall be issued and immediately placed on probation for a period of three years under the following terms and conditions.
 - a. Respondent's employer and/or designated supervisor shall be provided with a copy of this Consent Order within fifteen (15) days of its effective date, and shall agree to provide reports on a bimonthly basis for the first year of the probationary period and quarterly thereafter, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
 - b. Within sixty (60) days of the effective date of this Consent Order, respondent shall, at his own expense, undergo a psychiatric and/or psychological evaluation, by a psychiatrist and/or psychologist pre-approved by the Department (hereinafter "the evaluator(s)"), who shall evaluate the respondent with regards to his ability to practice as a barber under the terms and conditions of this Consent Order.
 - c. That he shall refrain from the ingestion or use of alcohol and the ingestion, inhalation, injection or any other use of any controlled substance and/or legend drug unless he is under the direct medical care of a licensed physician; in the event a medical condition

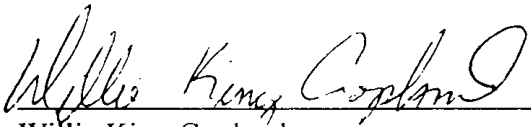
arises requiring treatment utilizing controlled substances or legend drugs, he shall notify the Department, and upon request, provide such written documentation of the treatment by the treater, as is deemed necessary.

- d. That during the first year of reinstatement, he shall submit to random observed urine screens twice a month for alcohol and for controlled substances and legend drugs; during the remaining probationary period, he shall submit to such screens on a monthly basis. Said screens shall be administered by a facility pre-approved by the Department. If the Department requests, respondent shall also submit to said screens on an "as needed" basis. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- e. That respondent is hereby advised that the ingestion of poppy seeds has, from time to time, been raised as a defense to positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seed in any food substances during this term of this Consent Order. In the event respondent has a positive screen for morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.
- f. Respondent understands and agrees that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.
- g. Respondent shall notify each of his health care professionals of all medications prescribed for him by any and all health care professionals.

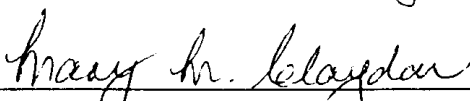
- h. Respondent shall continue to participate in the sex offender treatment program he is presently attending with bimonthly reports submitted by the program director for the first year and quarterly thereafter for the remaining two years.
 - i. Respondent shall continue to attend alcoholics anonymous meetings during the duration of this consent order.
 - j. During the period of probation, respondent shall only practice barbering in a barber shop or hairdressing/cosmetology salon setting that includes other barbers or hairdressers.
 - k. Respondent shall not render services to minors at any time during the duration of this Consent Order, nor shall he practice his profession unless directly observed by another licensed barber or hairdresser.
4. All reports required by the terms of this Consent Order shall be due according to the following schedule:
- a. Year 1: Twice a month reports will be due on the tenth and twenty-fifth days of each month.
 - b. Years 2 and 3: Monthly reports will be due on the tenth day of each month.
5. All correspondence and reports are to be addressed to:
- Bonnie Pinkerton, Nurse Consultant
State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#12LEG
Hartford, Connecticut 06134-0308
6. That respondent shall notify the Department of any change(s) in his home address or employer within fifteen (15) days of such change.

7. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
8. Respondent understands this Reinstatement Consent Order may be considered as evidence of violations in any proceeding before the Connecticut Department of Public Health in which (1) his compliance with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-236 of the General Statutes of Connecticut, as amended, is at issue.
9. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
10. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. Respondent has the right to consult with an attorney prior to signing this document.
13. This Reinstatement Consent Order is a matter of public record.

I, Willie King Copland, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

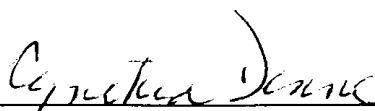

Willie King Copland

Subscribed and sworn to before me this 22nd day of February 1997.


Notary Public or person authorized
by law to administer an oath or
affirmation

My Commission Expires April 30, 1999

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 5th day of March 1997, it hereby ordered and accepted.


Cynthia Denne, Director
Division of Health Systems Regulation



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 9, 2000

Willie King Copland, Barber
111 Wall Street
Bridgeport, CT 06604-4226

Re: Modification of Reinstatement Consent Order
Petition No. 97IIII-025-002
License No. 003672

Completion of Probation

Dear Mr. Copland:

Please be advised that the probationary terms of the above-referenced Modification of Reinstatement Consent Order have been satisfied, effective 03/07/2000.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from License No. 003672, related to the above-referenced Modification of Reinstatement Consent Order.

Sincerely,

A handwritten signature in cursive script that reads "Richard Goldman".

Richard Goldman
Paralegal Specialist II
Division of Health Systems Regulation

cc: Debra Tomassone, PHSM
Bonnie Pinkerton, RNC



Phone: (860) 509-7400

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12HSR

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL RETURN RECEIPT REQUESTED
Z 015 243 561

March 7, 1997

Willie King Copland
587 Naugatuck Avenue
Milford, CT 06460

Dear Mr. Copland:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for the reinstatement of licensure as a barber in the State of Connecticut.

Connecticut license number 003672 has been reissued to you, effective the date of this letter. You are eligible to begin the practice of barbering as of this date.

Also, enclosed is a copy of the fully executed Consent Order in accordance with which your license is being reinstated. The Consent Order is effective as of the date of licensure noted above.

You will receive your license in about eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

It is your responsibility to notify the Department of Public Health, in writing of any future changes of name and/or address. Such notification to the Department is required by law, and failure to provide same will jeopardize the status of your license.



Phone: (860) 509-7569
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS #12 APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

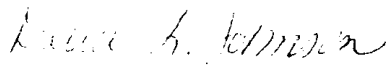
March 7, 1997

Page 2 of 2

Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure that you renew your license in timely manner each year in the month of your birth.

If you have any questions, please do not hesitate to contact this office at (860) 509-7569.

Sincerely,



Debra L. Johnson
Health Program Supervisor
Applications and Examinations

cc: Debra Tomassone, HSS,L&R
Kay Zarrella, SNC
Stanley Peck, Director, Legal Office

Petition Number: 96III-025-002